

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/14/2016
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF PORTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6235 STERLING CREEK RD PORTAGE, IN 46368		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00193731 completed on February 26, 2016.</p> <p>Complaint IN00193731- Corrected</p> <p>Survey date: April 14, 2016</p> <p>Facility number: 012396 Provider number: 012396 AIM number: N/A</p> <p>Residential census: 95</p> <p>Sample: 3</p> <p>Rittenhouse Senior Living of Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the Post Survey Revisit (PSR) to the Investigation Complaint IN00193731.</p> <p>Quality review completed by 32883 on 4/18/16.</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE